Washington Zoning Commission

COMPLETION REPORT – LIST OF ITEMS IN FILE

Kohn dated: 06-02-2021

Address of Proposed Use: 23 Ferry Bridge Rd \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

√ Mailing Address of Property Owner

√ Agent Authorization Letter, contact information

√Mandatory Pre Application Form

√Fee Paid $150 Special Permit, Check payable to Town of Washington check #239162

√ Proposed Use: \_Accessory Apartment - detached

√ Zoning Regulation Section(s): 13.11.3 Zoning District: R-1 \_\_\_\_\_\_\_\_

√ Attached a written statement with a Description of the Proposed Use

For new buildings include: n/a

For new businesses: n/a

√ Site plan or survey map showing:

√ location of proposed or **existing** building:

location of septic system

Distance to the proposed structure, parking spaces, etc.:

from each boundary line

from the septic system

Attach a floor plan: Total square footage should be indicated on the plans –NEED FULL SIZE PLANS

Also Required for **ALL** applications:

√Health Dept. approval **-** signature of Health Department Agent/Dated 9-2-2021

√ State Tax of $60 to be included with fee - Check payable to Town of Washington- **check #239162**

n/a Proof of Inland Wetlands Commission approval, if applicable/Dated\_ \_\_\_\_\_\_\_\_\_

n/aProof of Zoning Board of Appeals approval and filing on Land Records, if applicable

n/a Driveway sign-off from First Selectman, if applicable

√ Signature of Property Owner/Dated: B. Kohn 10/20/2021

√ Telephone Number

√ Email Address

Administrative Review/ZC Mtg – 10-25-2021

●Mr. Owen’s letter dated 18 October, 2021 addressed to Mr. Solley, Chairman explains, in detail, how this proposed detached accessory apartment complies with the Special Permit Standards of Section 13.1.C.

**SECTION 13 - SPECIAL PERMITS**

13.11 **Accessory Apartments**.

13.11.3 Accessory Apartment, Detached:

√A. This is the only detached accessory apartment proposed for this property.

√B. The owner should provide a letter stating that they shall reside on the property throughout the duration of the permit for the accessory apartment.

√C. The accessory apartment is equipped with its own kitchen and full bath.

√D. The Town Health Department has approved the plan

√E.The apartment shall contain at least 400 square feet of floor area…**The proposed living space is 1040 sf**

√F. The apartment shall not contain more than 1,200 square feet of floor area. **See above**

√G. The accessory apartment is clearly subordinate to, and clearly smaller in ground floor area and volume, than the principal dwelling on the property. **Principle dwelling is 3588 sf**

√H. The apartment shall utilize the same driveway as the principal use.

√I. At least two additional off street parking spaces shall be provided for the use of the accessory apartment.